North Central Regional Transit District

1327 N. Riverside Drive
Española, NM 87532
866-206-0754
Fax 505-747-3640
www.ncrtd.org

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, gender identity, marital or veteran status, or the presence of a medical condition or disability (unless it affects a required bona fide occupational qualification for the position). We are an Equal Opportunity Employer.

Position Applied For:_____ Announcement No. _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Mailing Address: _____
(Number) (Street) (City, State, Zip)

Telephone (Home) ( ) _____

(Work)( ) _____ (Cell) ( ) _____

E-Mail Address: _____

Have you ever used a different name for school or employment? If so, what name(s)?

_____

Do you now work or have you previously worked for the NCRTD?

Yes ☐ No ☐ If yes, indicate dates: From: To:

Does the District employ any relative of yours or are you related to a District Official? Yes ☐ No ☐

Name _____

Relationship _____

Are you eligible to work in the United States? (If selected, proof of eligibility will be required) Yes ☐ No ☐

Do you possess a valid Driver's License? Yes ☐ No ☐

State _____ Class _____ License # _____

Referral Source

- ☐ Website Advertisement
- ☐ Job Fair
- ☐ Friend or Relative
- ☐ Job Line
- ☐ Walk-In
- ☐ Other (Describe)

Do you have any driving Violations? _____Yes _____No

If yes, please explain:

_____

Have you ever been arrested, charged or convicted of a felony or misdemeanor**?** __Yes ___No

If yes, please explain: _____

_____

(A conviction record will not necessarily be a bar to employment)

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Complete this application in blue ink. Each position you apply for requires a separate application. Resumes are not accepted in lieu of applications.

Copies of your application are acceptable. Each must be clear, have an original signature and correct job title and require attachments.

Applications and attachments become official property of the North Central Regional Transit District and cannot be returned after being submitted.

The completion of this application represents your ability to provide accurate and complete written communication and follow directions. Incomplete or illegible applications will NOT be processed.

Carefully read the position and recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED, college education, or certification is required, either attach a copy of your diploma, degree, transcripts or required certifications to application or bring at time of interview.

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter on letter head from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Office will review all applications to determine if the applicant meets the minimum qualifications.

Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees.

If you are selected for an interview, you will be contacted by phone. After interviews are conducted applicants will be contacted by letter and informed of selection status

EDUCATION:
High School/G.E.D., college degree or college transcripts will need to be attached to the application or turned in at time of interview, if it is required.

Yes	High School Diploma/GED Certificate? Name of School:
No	If no, Indicate Grade Completed:

Vocational/ Technical Name of School	Hrs. Completed Major Field

UNDERGRADUATE		GRADUATE	
College or University		College or University	
Major Field(s)		Major Field(s)	
Hours Completed Semester:	Quarter:	Hours Completed Semester:	Quarter:
Degree(s) Received:	Degree(s) Received:	Degree(s) Received:	Degree(s) Received:
Date(s) Received:	Date(s) Received:	Date(s) Received:	Date(s) Received:

1. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc.

_____

_____

_____

_____

_____

References (Not Relatives) List only those that you will permit us to contact.

Name	Address	Phone

EXPERIENCE:

Please begin with your most recent experience in block 1. May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment? _____, if **NO** please indicate which past employer(s) may not be contacted: _____.

NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

1 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time / Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No.	From (Mo. /Yr.)	To (Mo. /Yr.)	Place of employment (City/State) if different from employer's address		
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

2 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time / Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No.	From (Mo. /Yr.)	To (Mo. /Yr.)	Place of employment (City/State) if different from employer's address		
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

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Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

DUTIES:

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DO NOT WRITE IN THIS AREA

YEARS | **MONTHS**

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Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

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Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

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Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

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YEARS | **MONTHS**

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Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
No. | From (Mo. /Yr.) | To (Mo. /Yr.)

Place of employment (City/State) if different from employer's address

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YEARS | **MONTHS**

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Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One: Full-Time / Part-Time | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
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YEARS | **MONTHS**

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If you supervised employees, please indicate number & give dates No. From (Mo. /Yr.) To (Mo. /Yr.)				Place of employment (City/State) if different from employer's address	
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Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time Part-Time	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No. From (Mo. /Yr.) To (Mo. /Yr.)				Place of employment (City/State) if different from employer's address	
DUTIES:					
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				YEARS	**MONTHS**

NOTE: For additional experience blocks, please use continuation sheet.

PLEASE READ BEFORE SIGNING

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that employment inquires may be requested by the North Central Regional Transit District that will seek information pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment, previous employment, education background, and other past experiences. I also release and hold harmless all of my previous employers and the North Central Regional Transit District from any liability that may potentially result from the release or use of such information. I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application will be cause for rejection of this application or dismissal after employment. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

_____ _____

Signature of Applicant **Date**

Public and Private Record Release

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle and criminal background information to the NCRTD named below for employment or insurance eligibility purposes.

By signing below:

I authorize the NCRTD to investigate and review driving, motor vehicle, criminal histories and related information periodically the duration of my employment or insurance relationship with NCRTD;

I understand that my employment or insurance eligibility is contingent upon the NCRTD review of such information; and

I confirm that I have read and understand the attached Disclosure Statement.

Employer or Insurer: North Central Regional Transit District.

_____ _____

Signature Date Social Security Number (for Criminal Records Only)

_____ _____

Printed Name (as it appears on your driver license) Driver License Number

_____ Circle Gender M or F

Birth Date – Month/Day/Year

Previous Employer Drug and Alcohol Testing Release Form Required by the Dept. of Transportation (49CFR part 40.25)

Agency Requesting:_____, Fax Reply to:_____

As a requirement of 49CFR part 40.25 it is necessary to obtain drug and alcohol testing information from applicants' previous covered employer(s). This information must be obtained from all DOT regulated employers from the preceding two years. The documentation **must** be obtained no later than 30 calendar days after the first time a covered employee performs a safety-sensitive function.

Attention Personnel: New hires must fill out and sign this release form

PART 1 – TO BE COMPLETED BY APPLICANT

I,_____, hereby authorize the following companies (for which I worked) to furnish the information requested concerning my drug and alcohol test records:
This information will be released to _____(company/agency)

Previous DOT covered employers for the past 2 years: **Print Clearly**

North Central Regional Transit District	Address, City and State	Phone	Fax

This Authorization is valid until withdrawn by me in writing.
Dated this _____day of _____, 200_____

Name of applicant (print)_____ Signature of applicant_____

Social Security Number _____

PART 2. – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person received any positive results for controlled substance tests in the past 2 years? Yes, No
2. Has this person received Alcohol test results of 0.04 or greater in the past 2 years? Yes, No
3. Has this person refused to participate in the required testing program in the past two years? Yes, No
4. Has a Substance Abuse Professional evaluated this person? Yes, No

If yes, is he/she in compliance with SAP's recommendations?
If you answered, "Yes" to any of the previous questions please release all documentation relating to the SAP evaluation, assessment, recommendations, and follow up & return to duty testing records.

SAP Name_____ SAP Phone #_____

North Central Regional Transit District_____
Date_____

Name of person releasing information _____Signature _____

Applicant Drug Testing Acknowledgment

I understand that a part of my application for employment I must successfully complete a USDOT drug test as required by 49CFR part 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not had a positive result on a DOT Pre-Employment drug test in the past 2 years.

_____ _____

Signature of Applicant **Witness**

_____ _____

Date **Date**